



## APPLICATION FOR APPROVAL OF TRANSFER OR LEASE OF CERTIFICATE OR PERMIT

PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY

**ATTACH \$25.00 FILING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER"**

TO: Office of Legal Services  
200 Mero Street, 6th Floor  
Frankfort, Kentucky 40622  
Telephone: 502-564-7650  
Fax: 502-564-5238

DOCKET NO. \_\_\_\_\_  
(Department Use Only)

### TRANSFEROR

NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

### TRANSFeree

If you intend to operate this business under an assumed name - d/b/a, state the name and ATTACH a copy of your declaration to use an assumed name showing it has been properly recorded at the appropriate COUNTY CLERK'S OFFICE:

NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

1. Transferee hereby applies for approval of the transfer of:

\_\_\_\_\_  
(Type of Authority - Certificate or Permit Number - ATTACH Copy)

2. Transferor affirmatively states that as of the date of this application the authority sought to be transferred is fully qualified with the Division of Motor Carriers. ☐ Yes ☐ No

3. Is the applicant a sole proprietorship? ☐ Yes ☐ No If "no", answer A or B.

A. Partnership? If yes, give names and addresses of partners:

\_\_\_\_\_

B. Corporation? if yes, give state of incorporation, principal address, and agent name and address for Kentucky process if non-resident. ATTACH current copy of certificate of good standing from state of incorporation.

\_\_\_\_\_

NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

4. Does Transferee currently hold any motor carrier authority from this Cabinet? ☐ Yes ☐ No  
If yes, ATTACH copy of certificate or permit.

5. ATTACH copy of executed agreement (bilateral contract) of certificate being transferred.

6. ATTACH a complete financial statement for Transferee on Form TC 93-24.

7. Has Transferee been denied any authority by this Cabinet or has any officer or principal stockholder ever been convicted for violations of the laws motor carrier or applicable regulations or convicted of a felony? ☐ Yes ☐ No

If so, explain fully: \_\_\_\_\_

8. Has Transferee arranged to purchase insurance as required by KRS 281.655? ☐ Yes ☐ No

Transferor \_\_\_\_\_

Title \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Transferee \_\_\_\_\_

Title \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Attorney for Transferor (if applicable) \_\_\_\_\_

Attorney for Transferee (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number (including Area Code) \_\_\_\_\_

Telephone Number (including Area Code) \_\_\_\_\_